



City of Vacaville, Department of Parks and Recreation

40 Eldridge Ave, Suite 13, Vacaville CA 95688

www.cityofvacaville.com

Phone: 707.449.5658 Fax: 707.449-5649

Activity/Program Proposal Form

Thank you for your interest in becoming a contractual instructor with the Vacaville Parks and Recreation Department. Our Department is dedicated to serving the community by providing quality programs and activities for all ages, interests and levels. Programs offered strive to foster new skills, promote health and well being, expand cultural and artistic development, and provide lifelong learning opportunities.

Please complete one Activity Proposal Form for each individual activity you wish to teach.

Instructor Information

Today's Date: _____ Your Name: _____

Day Phone: _____ Cell Phone: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Short Bio (include any teaching experience, and any relevant degrees, credentials, certifications or licenses): _____

Please provide three references:

First/ Last Name: _____ Phone #: _____ Relationship: _____

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Activity/Program Information

Activity Name: _____ Days: _____

Duration: Indicate number of weeks or individual activity meeting dates in session. _____ Date(s) _____

Does the participant need to bring or purchase additional supplies? _____ Time: _____

Supply Fee: These fees are payable to the instructor on the first day the activity meets, and should not be included in activity registration fee. _____ Activity Fee: _____

Drop-in Fee: _____

Pro-rate this fee for late enrollment?
Indicate YES or NO if you are willing to allow the registration fee to be pro-rated for late enrollment.

Min. Age of Participant: _____

Max. Age of participant: _____

Min. participants required _____

Please list attire:

Max. participants required _____

Experience or prerequisites required of participants:

Learning Outcomes:

Indicate what the participant will learn and list the benefits of taking this activity.

Activity Description (50 words limit):

Facility Preference #1:

Facility Preference #2:

Indicate room setup (arrangement of tables and/or chairs) and any special needs, e.g., need TV and DVD player, screen

Additional Comments:

Submitting a proposal does not guarantee that the class or activity will automatically be accepted.
Please allow up to 10 working days to be contacted upon submission.